

FACILITY: JOHN M. ASPLUND WWTF---301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD
FROM 05 | 12 | 01 TO 05 | 12 | 31

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.2	(04)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.4	(04)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	1.5	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	50018	*****	(26)	*****	226	*****	(19)	N/A	FOUR/ WEEK 1)	COMP24 2)
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	41685	(26)	*****	*****	192	(19)	0	FOUR/ WEEK 1)	COMP24 2)
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35485	38844	(26)	*****	160	178	(19)	0	FOUR/ WEEK 1)	COMP24 2)
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.7	(12)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
J. Kris Warren
Manager, Treatment Division
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
J. Kris Warren

TELEPHONE
(907)564-2799
AREA CODE NUMBER

DATE
06/01/09
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
1) Two extra BOD tests run in December to make up for invalid tests the previous month. 2) Effluent sampler was mistakenly on time composite, rather than flow composite, for the 12/26 & 27/05 samples.

Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/98. Rev. 1/05, BN

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

Form Approved
OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF---301 (H)
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ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

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PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.3	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	50798	*****	(26)	*****	229	*****	(19)	N/A	FOUR/WEEK	COMP24 1)
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
RAW SEW/INFLUENT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	17944	(26)	*****	*****	74	(19)	0	FOUR/WEEK	COMP24 1)
00530 W 0 0	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11731	13320	(26)	*****	53	63	(19)	0	FOUR/WEEK	COMP24 1)
00530 1 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	***	*****	19.6	*****	(19)	N/A	ONCE/MONTH	COMP24
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE											
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	***	*****	19	*****	(30)	0	THREE/WEEK 2)	GRAB
31615 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	850	*****	MPN/100ML		THREE/WEEK	GRAB
EFFLUENT GROSS VALUE											
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.797	*****	(03)	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE											

J. Kris Warren Manager, Treatment Division TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	S. EPA REGION 10 COMPLIANCE AND ENFORCEMENT JAN 12 2006 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(907)564-2799	06/01/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
1) Effluent sampler was mistakenly on time composite, rather than flow composite, for the 12/26 & 27/05 samples. 2) FC scheduled for 12/17/05 was mistakenly not set up, so there were only two tests that week. Extra sample run following week to compensate.

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CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.4	(19)	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	29	*****	*****	(23)	**	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	77	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/MONTH	CALCTD

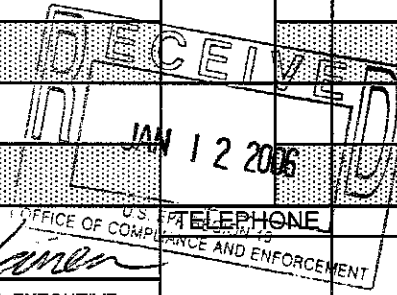
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 Manager, Treatment Division

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 OFFICER OR AUTHORIZED AGENT



TELEPHONE DATE

(907)564-2799 06/01/09
 AREA CODE NUMBER YEAR MO DAY

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** Letter of explanation attached for the less than 30% BOD removal. This requirement is not found in the permit, so it was not noted in this DMR as an exceedance of the permit.

Forms by WindowChem(707)864-0845;pn11090v5.01/4/1/96, Rev. 1/05, BN